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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/519,207			ing Date 21/2005	☐ To be Mailed
	Al	AS FILE	SMALL	ENTITY	OR		HER THAN ALL ENTITY				
FOR			NUMBER FI	LED NU	MBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1 16(a), (b), or (c))			N/A		N/A		N/A			N/A	300
SEARCH FEE (37 CFR 1 16(k), (i), or (m))			N/A		N/A		N/A			N/A	
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))			N/A		N/A]	N/A			N/A	
TOTAL CLAIMS (37 CFR 1.16(i))			mir	nus 20 = *		1	x \$ = 1		OR	x s =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 = *			1	x \$ =		1	X S =	
	APPLICATION SIZE 37 CFR 1.16(s))	FEE she is \$	ets of pap 250 (\$125 litional 50	ation and drawin er, the application for small entity) sheets or fraction a)(1)(G) and 37	on size fee due for each n thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						J					
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		J	TOTAL	300
APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY GLAM/S HIGHEST HIGHEST											
AMENDMENT	01/18/2011	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	· 12	Minus	·· 20	= 0	ı	X \$ =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	• 2	Minus	3	- 0	1	X \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))								_		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					ı	1		OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,15()))		Minus		-	1	X \$ =		OR	xs =	
M	Independent (37 CFR 1 16(h))		Minus	***	-	ı	x s =		OR	xs =	
Ē	Application Size Fee (37 CFR 1.16(s))					1				<u> </u>	
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
									OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "O' in column 3. *If the "Highest Number Previously Paid For' IN THIS SPACE is less than 2, enter "20". *If the "Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For' IC total or independent) is the highest number found in the appropriate box in column 1. The Thighest Number Previously Paid For' IC total or independent is the highest number found in the appropriate box in column 1.											

This collection of information is required by 37 CFR 11.6. The information is required to define or retain a benefit by the public which is to file (and by the USE) process) an application. Confidentially 39 cycered by 38 cycered by 38 CFR 11.6. This collection is estimated to take 12 nimulates to complete, including gathering, preparing, and submitting the completed application form to the USE 17.0. Time will wary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CFR Information CFR U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 22319.4. Bob. D.O. NOT ISSO, JASSA 22319.1. BOX TO COMMISSON TO CO